

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041565

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 30

Primary Registration District No. 5101

Registrar's No. 65

VS 300
Rev. 4/59

10080

20080

3

4 0

5 1

6

7 0

8 2

9420.1

10

11

1290-3

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 27 1962

1. PLACE OF DEATH

a. COUNTY

Benton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Widsom

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

—

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

Benton

Inside Limits

Yes ☐ No ☒c. CITY
OR TOWN

Widsom

d. STREET
ADDRESS

(If outside, give location)

—

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ARVEL

M^{rs} MILLIN4. DATE
OF DEATH

Month

Day

Year

Nov 21

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Apr 23, 1902

9. AGE (last birthday)

60

IF UNDER 1 YEAR IF UNDER 24 HR

Months 6 Days 28 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stockman

10b. KIND OF BUSINESS OR INDUSTRY

Farm owner

11. BIRTHPLACE (City and state or country)

Benton Co. Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

John M^{rs} Millin

13b. MOTHER'S MAIDEN NAME

Malaka Jane Amblin

14. NAME OF HUSBAND OR WIFE

Thursie M^{rs} Millin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Thursie M^{rs} Millin

Address

Rt. 1, Osceola, Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Circulatory Failure

INTERVAL BETWEEN ONSET AND DEATH

minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Thrombosis

DUE TO (c)

Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

never to never

and last saw him alive on

never

Death occurred at

3:30 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

John F Reser (Benton Co. Coroner)

Warsaw, Mo. 11/22/62

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

Nov 23, 1962

Hopewell Cemetery

Bentonville Benton Co, Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

John F Reser

Warsaw

Nov 23-1962

Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.